
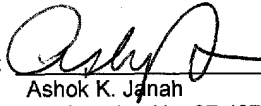


IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: GRIMBERGEN et al.	Group No: 1763
Application No: 09/595,778	Examiner: Allan W. Olsen
Confirmation No: 6490	Attorney Docket No.: AMAT/2077.D1
Filed: June 16, 2000	
Title: APPARATUS AND METHOD FOR MONITORING PROCESSING OF A SUBSTRATE	June 19, 2008 San Francisco, CA 94107

Commissioner for Patents PO Box 1450 Alexandria, VA 22313-1450 VIA EFS	Extension of Time		
	<input checked="" type="checkbox"/> Applicant petitions for an extension of time under 37 C.F.R. 1.136		
Papers Enclosed	Extension (Months)	Extension Fee	
		Large Entity	Small Entity
	<input checked="" type="checkbox"/> One Month	\$120.00	\$60.00
	<input type="checkbox"/> Two Months	\$460.00	\$230.00
	<input type="checkbox"/> Three Months	\$1,050.00	\$525.00
	Total \$ 120.00		
<input checked="" type="checkbox"/> Amendment <input checked="" type="checkbox"/> Request for Continued Examination <input type="checkbox"/> Drawings <input type="checkbox"/> Supplemental Information Disclosure Statement <input type="checkbox"/> PTO-1449 Form <input type="checkbox"/> Citations <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Postcard for Return	<input type="checkbox"/> Applicant believes that no extension of term is required. However, this conditional petition is being made in case applicant has inadvertently overlooked the need for a petition for extension of time.		

Fees for Extra Claims						
	Claims remaining after amendment	Highest number previously paid for	Number Extra	Rate		Additional Fee
				Large Entity	Small Entity	
Total Claims (20)	26	89		\$50.00	\$25.00	\$0.00
Independent Claims (3)	3	12		\$210.00	\$105.00	\$0.00
Multiple Dependent Claims				\$370.00	\$185.00	\$0.00
Supplemental Information Disclosure Statement						
Total						\$0.00

Fee Payment		Fee Deficiency	
Extension Fees	\$120.00	<input checked="" type="checkbox"/> If any additional extension and/or fee is required, please charge Deposit Account No. <u>10-0258</u> .	
Fee for RCE	\$810.00	and/or	
Total	\$930.00	<input checked="" type="checkbox"/> If any additional fee for claims is required, please charge Deposit Account No. <u>10-0258</u> .	
<input type="checkbox"/> Attached is check no. _____ in the sum of \$0.00. <input checked="" type="checkbox"/> Please charge Deposit Account No. <u>10-0258</u> in the sum of \$930.00 .		Please direct telephone calls to: Ashok K. Janah at: (415) 538-1555 Please continue to send correspondence to: Janah & Associates, PC 650 Delancey Street, Suite 106. San Francisco, CA 94107.	
CERTIFICATE OF TRANSMISSION (37 C.F.R. § 1.8a): I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, facsimile transmitted to the U.S. Patent and Trademark Office at (571) 273-8300, or electronically filed, on the date shown below.		Respectfully Submitted,	
By: 	Date: <u>June 19, 2008</u>	By: 	Date: <u>June 19, 2008</u>
Amy Wells		Ashok K. Janah Registration No. 37,487	